



ACH Authorization Agreement

I (we) hereby authorize the Southeastern Credit Union Foundation to initiate a one-time credit or debit entries under certain agreements/contracts between the Southeastern Credit Union Foundation and the entity name below, and to initiate, if necessary, adjustments for any debit or credit entities in error to our account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is only in effect for a one time donation for the purpose of disaster relief to assist credit unions, credit union staff and credit union volunteers impacted by Hurricane Irma. I (we) understand that the Southeastern Credit Union Foundation requires at least five (5) business days prior notice to cancel this authorization. All donations to the Southeastern Credit Union Foundation, Inc. (SECUF) (Tax I.D. #59-2252733) are tax deductible, as the SECUF is a 501(c)(3) organization.

Your Financial Institution Information

Financial Institution Name: _____

Routing #: _____

Type of Account: Checking Account Number: _____

 Savings Account Number: _____

 GL Account Number: _____

Your Entity/Organization Information

Entity Name: _____

Contact Individuals: _____

Email Addresses: _____

Phone Numbers: _____

Authorized Signer Signature

Date